

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

NAOI  
1401396.09  
Michael G. Adams  
Secretary of State  
Received and Filed  
10/14/2024 12:00:00 AM  
Fee receipt: \$8

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Articles of Incorporation**  
**Non-profit Corporation**

**NAI**

**Please Note:** This form does not automatically confer tax-exempt status. For additional information, contact the Internal Revenue Service prior to filing the Articles of Incorporation. Pursuant to KRS 14A and KRS 273, the undersigned hereby forms a nonprofit corporation and for that purpose sets forth the following:

Article I: The name of the nonprofit corporation is

**DIVINE COMMUNITY HEALTHCARE Co.**

Article II: The purpose of the nonprofit corporation is **To serve the people of Appalachia who suffer from mental illness, substance use disorder and intellectual or other developmental disabilities.**

Article III: The name of the initial registered agent is

**Sarah Renee Arnette**

and the street address of the entity's initial registered office in Kentucky is

**480 Conn Street, Ivel, KY 41642**

Article IV: The mailing address of the entity's principal office is

**480 Conn Street, Ivel, KY 41642**

Article V: The number of directors constituting the initial board of directors is **4**

The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

<b>Director</b>	Aaron Lee Hackworth	P.O. 672, Paintsville, ky 41240
<b>Director</b>	Jeremy Craig CLick	480 Conn Street, Ivel, ky 41642
<b>Director</b>	Alicia Noel Hackworth	P.O. 672, Paintsville, ky 41240
<b>Director</b>	Sarah Renee Arnette	480 Conn Street, Ivel, KY 41642

Article VI: The name and mailing address of the incorporator is as follows:

<b>Incorporator</b>	Jeremy Craig Click	480 Conn Street, Ivel, ky 41642
<b>Incorporator</b>	Aaron Lee Hackworth	P.O. Box 672, Paintsville, ky 41204

This filing will be effective on **Monday, October 14, 2024.**

I declare under penalty of perjury under the laws of the state of  
Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of In  
Click

NAOI

1401396.09

Michael G. Adams

Secretary of State

Received and Filed

10/14/2024 12:00:00 AM

Fee receipt: \$8

I, **Sarah Renee Arnette**, consent to serve as  
Agent on behalf of this entity on Monday, October 14, 2024.

